

## **QUALITY PROCEDURE**

# **DEMENTIA AND AGED CARE SERVICES**

## **MEDICATION MANAGEMENT**

## 1.0 OBJECTIVE

To ensure that Alzheimer's Association of Queensland (AAQ) Community Services provide responsible and safe assistance to clients when taking medication.

This procedure applies to all staff and clients and/or carers accessing Alzheimer's Association of Queensland community services.

## 2.0 DEFINITIONS

**Manager** Community Services Manager, Case Manager, Client Services Coordinator

## 3.0 RESPONSIBILITIES

- 3.1 The **Chief Executive Officer** or nominated representative is responsible for ensuring that adequate resources are available to ensure best practice of Medication Management across Community Services.
- 3.2 The **Manager** is responsible for ensuring all staff adhere to this procedure.
- 3.3 All **Staff** are responsible for adhering to this procedure.

## 4.0 PROCEDURE

### Acceptance and Storage of Medication\_s:

- All medication must be dispensed in a Webster pack or similar;
- All medication must be stored in a locked cupboard/box and preferably a locked room that is staff/carer only access;
- In the case of narcotics or drugs of addiction such as Endone a thorough check of tablets/patches provided should take place PRIOR to accepting medication from family;
- If the medication is presented in a single original pack then a count of all tablets take place on admission and a count is to take place on discharge to ensure that numbers tally;
- Under no circumstances are staff to transport Drugs of Addiction;
- Cytotoxic drugs must be clearly labelled by the consumers Medical Practitioner; and
- Cytotoxic drugs are to be disposed of in a cytotoxic purple bin.

**The Community Service Manager (CSM), Case Manager (CM), Client Services Coordinator (CSC) and or their delegate is responsible for ensuring:**

- 4.1 Services and times are agreed between the Manager/CSC/CM and the Carer, the Manager/CSC/CM is to obtain the consumer and/or carer's written consent (RES Form 001 Enquiry/Referral) to enable staff to assist the consumer with their medications.

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- 4.2 Information is collected from the consumer and/or carer and their Medical Practitioner regarding what current medications the consumer is taking. The medical history to be updated on a 6-monthly basis or earlier if required.
- 4.3 All medically related information is stored in the appropriate section of the consumers' file. This information remains confidential to the organisation unless in an emergency when the information may be passed to emergency services (e.g. Ambulance, Police).
- 4.4 The Manager/CSM or CM is to ensure at the initial family meeting that carers are aware that consumers will only be assisted with medication if it is in a Webster pack/sachet (preferred) or in the original, labelled pharmacy provided packaging. The Manager is to advise families that if medications are not provided in this way, then AAQ is not able to accept the medication/assist the consumer.
- 4.5 No PRN medication is to be given unless documented on the PRN Medication Directive. The Manager/CSC or CM is to complete PRN Medication Directives for AQ Respite (RES-Form-92) with carers, for consumers who have been prescribed PRN (as required or directed) medication.
- 4.6 The Manager will advise family that if RES-Form-092 is not completed for PRN medication, then AAQ will not be able to assist the consumer with taking this type of medication. The form is to be reviewed on a 6-monthly basis or as medication change.
- 4.7 Staff are permitted to assist clients to use simple analgesia e.g. Paracetamol (Panadol) or Ibuprofen (Nurofen) if the client is complaining of simple pain such as headache or muscle pain. This can only occur under the following circumstances
- The dose is a maximum of two tablet
  - Occurs once in a 24-hr period.
  - That the 6 rights of medication assistance are
  - Client allergies are checked before assistance is given
  - Client notes and medication records are checked to ensure that no other doses of these medications have been taken in the previous 24 hours
  - Documentation occurs which includes the reason for analgesia, date & time of assistance and the signature of the person giving assistance.
  - Family must be notified on client leaving the centre.
  - This does not require the use of the PRN Medication Directive Form.
- 4.8 The Manager is responsible for ensuring that all staff receive training at orientation and annually on medication procedures, including competency assessments. Where the administration of drugs uses routes in addition to oral, then appropriate training must be conducted.

### Staff are Responsible for ensuring:

- 4.9 Each consumers' medications are checked upon arrival at the centre by the CSC/CSM with the carer present. If the CSM/CSC is unavailable then it is to be

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checked by 2 DRA's. A notation is made on the consumers chart that medication has been checked and the names of the staff checking should be included.

- 4.10 If the medication is incorrectly packaged, family are advised immediately that medication cannot be given in this format in this format. If family or staff have further concerns, staff should seek advice from CSM or CSC. Medication packaging should be checked to ensure that it is complete and unaltered. This should be documented in consumers file.
- 4.11 On each shift, the rostered staff are to make themselves aware of those consumers requiring assistance with medications by referring to the RES Form 066 Daily Program Sheet. Staff are required to check the medication cupboard, the medication refrigerator and medication book at the commencement of each shift. In addition, all staff taking clients out of the centre must check these areas before leaving the centre to ensure that medication is not missed.
- 4.12 On each shift for in home consumers staff must check the consumers' folder and assigned tasks for the shift on whether assistance with medication is required.
- 4.13 Two staff members are to be present (where two staff are available) when the consumer is assisted to take their medication as prescribed with reference to correct person, time, date, dose and route. When two staff members are not present, the same process of assisting applies (i.e. check correct person, time, date, dose and route). Always check if there are any medications that need to be given that are not Webster packed i.e. stored in fridge, antibiotics or too large for Webster pack.
- 4.14 On each occasion medication has been taken by a consumer, the staff member/s complete, sign and countersign the Daily Client Medication List (RES-Form-005).
- 4.15 Webster packs are to be given in order of the date and time on pack. If medication is given out of order this is considered a medication error and the reporting and documentation for medication error clause 4.30 of this procedure applies.
- 4.16 Pain relief skin patches (Transdermal) such as Fentanyl and Norspan can only be administered by a Registered Nurse or Enrolled Nurse (Medication Endorsed). The Registered Staff must follow all safeguards as listed in the Guidelines for Medication Management Community to ensure safe and appropriate practice.
- 4.17 When assisting with medications, staff members **cannot:**
- Crush medications (unless it is an instruction by the doctor or pharmacist);
  - Mix medications with any other substance;
  - Hide medications in food or fluid; and
  - Dispose of empty Webster packs /Medication boxes- these must be returned to the carer.

**Consumer/ Carer Responsibilities**

- 4.18 To provide updated written instructions from the Medical Practitioner to accompany any alterations in supplied medications (including PRN). If a consumer and/or carer are unable to ensure updated medical instructions are provided, the CSM/CSC will request this information from the Medical Practitioner.
- 4.19 If consumers are required to take multiple medications, these are to be provided in "Webster" Packs or sachets, packed by a pharmacist. If only 1 or 2 medications are being sent in for the consumer or in the case of an emergency respite situation, medications are to be provided in the original, pharmacy labelled packaging.
- 4.20 If assistance with medication is occurring at home by AAQ staff then consideration should be given to the safe storage of medications. A locked box may be necessary and can be purchased after a request by family or assessment by Case Manager.
- 4.21 Medications are to be kept separate to the overnight bag and must be handed directly to staff prior to carer leaving the consumer at the centre.
- 4.22 To complete RES Form 092 for PRN medications and inform the CSM/CSC if there are any changes to this medication.
- 4.23 Ensure all other PRN medication are clearly labelled or has written instructions from the medication practitioner.

**High Risk Medication**

High risk medication is identified as medication where extra care and caution must be taken as the chance for adverse or overdose is high. The 2 most common medications that are classified as high risk are insulin and anti-coagulants such as warfarin.

***Insulin***

- 4.24 Insulin dosage (injection), blood glucose readings and health issues requiring medical management are to be performed by trained staff (Registered Nurse or Medication Endorsed Enrolled Nurse) only.
- 4.25 For consumers who are independent with insulin a letter from the GP is required stating that they are able to self-administer.

***Warfarin***

- 4.26 Anti-coagulants such as warfarin may be assisted with in the community but only under the following circumstances:
  - A written Doctor's order;
  - Where the warfarin is packed in Webster packs;
  - There is no change in dosage from order or packaging;

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- Under no circumstances are staff to assist clients to take warfarin from the results of blood tests; and
- Under no circumstances are staff to assist consumers where there are any calculations as to dose e.g. 3 mg is ordered and the warfarin is supplied in 2mg and 1 mg tablets.

### Cytotoxic Drugs

These are medications that are used to treat cancer and other chronic diseases. They are considered high risk medications and are only to be administered by Registered Staff. These medications are usually identified on the Webster pack with a purple label.

As the management and disposal of these medications is different from other medications a risk assessment should be instigated for each consumer who may need assistance with administration and is to be carried out by a community pharmacist or appropriately qualified personnel to ensure that staff are handling and storing medications safely.

The Manager is responsible for ensuring that medication is appropriately identified and stored and that staff receive education on specific medication when required.

The Director of Home and Community Services is to be notified of all cytotoxic medications in use and assistance may be sought from the Care Governance Manager.

### Medication Errors and other Events

- 4.27 In the event of a medication error, staff will seek advice and follow orders from one of the following; Pharmacist or 13HEALTH. The consumer's carer must be notified. The incident must be recorded on RiskMan Incident Management Program immediately following a medication error this will be automatically emailed through to the Manager. Incident to be documented in the consumers file notes. Performance management of the staff member will occur for repeated errors with administration.
- 4.28 If a consumer refuses their medication, staff to continue to encourage administering medication to consumer. If after numerous attempts, consumer continues to refuse, staff to contact 13 HEALTH or the pharmacy to note any outcome from medication not being taken. If the unused medication has been removed from its original packaging, then the medication must be disposed of in the sharps container and document disposal. If a sharps bin is not available in the consumers' home, then medication can be disposed of down the sink. Document refusal of medication administration in consumers file notes and on medication summary page. Handover of refused medication to next shift, if applicable and make note for Manager.

## 5.0 REFERENCED DOCUMENTS

Health (Drugs and Poisons) Regulation 1996 (Amended 2005, Reprint 2008}

Guiding principles for medication management in the community 2006 (Australian Pharmaceutical Advisory Council}

Workplace Health and Safety Queensland: Guide for Handling Cytotoxic Drugs and Related Waste  
ACQ Position Statement

RES-Form-001.1	Consent to Collect Information
RES-Form-001	Enquiry/ Referral Form
RES-Form-005	Daily Consumer Medication List
RES-Form-053	Medication Competency
RES-Form-053.1	How to Assist Consumers with Self Medication
RES-Form-066	Daily Program Sheet
RES-Form-092	Restricted PRN Medication Directives
RES-Form-094	Request for Clinical History- Dr Letter
RES-P-04	Assessment of Consumers
RES-P-06	Consumers Rights and Responsibilities
AAQ-P-38.2	Community Services Incident Management

APPROVED BY: \_\_\_\_\_

  
CHIEF EXECUTIVE OFFICER

DATE: 05/04/2018